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ABSTRACT

As people with disabilities are becoming more included in society, professional counselors are required to develop skills and identify tools to assess, counsel, and advocate for these clients. This article presents Pennsylvania counselors' definition of functional assessment and procedures, techniques, and instruments currently in use. Most counselors (70.5%) who responded to a survey questionnaire reported they do not use functional assessments. Counselors who did use functional assessments provided 182 definitions. A preliminary classification for the term "functional assessment" establishes two predominant domains that answer the questions "What" and "Why". Sub-categories established include: cognitive, social, emotional, activities of daily living, behavioral, academic, vocational, leisure, physical, and progress and change. Appendix A contains the Functional Assessment Survey and Appendix B presents a Preliminary List of Functional Assessments identified in the survey. (Contains 4 tables and 31 references.) (Author/JDM)

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Running head: FUNCTIONAL ASSESSMENT

Counselors' Use of Functional Assessment:

A Survey of Pennsylvania Counselors

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Abstract

As people with disabilities are becoming more included into society, professional counselors are required to develop skills and identify tools to assess, counsel and advocate for these clients. This article presents Pennsylvania counselors' definition of functional assessment and procedures, techniques, and instruments currently in use. Most counselors (70.5%) who responded to a survey questionnaire reported they do not use functional assessments. Counselors who did use functional assessments provided 182 definitions. A preliminary classification for the term "functional assessment" establishes two predominant domains that answer the questions "What" and "Why". Sub-categories established include: cognitive, social, emotional, activities of daily living, behavioral, academic, vocational, leisure, physical, and progress and change.

Counselors' Use of Functional Assessment

Ignorance, prejudice, segregation and seclusion experienced by persons with disabilities have diminished their quality of life and impeded their abilities to self actualize. The impact of this mistreatment and neglect must be factored into the functional assessment process, as the manner in which others respond to a person with a disability greatly influences his or her ability to perform. The American society has, for legal and social reasons, become more willing to accept persons with disabilities into all aspects of life (i.e., families, communities, education, employment, and transportation). Due to this acceptance, it becomes increasingly important for professional counselors within schools, hospitals, community agencies and private practice to provide valid prescriptions of services and suggest relevant environmental accommodations. Valid functional assessments will allow for accurate diagnoses, prescription of services, and appropriate environmental modifications enabling clients to increase their probability of living more independently.

Defining Functional Assessment

It is apparent from the literature that the terms "functional assessment, functional analysis, functional behavioral analysis, and behavioral assessment" are used interchangeably. This interchangeable use of terminology is confusing to professionals and consumers. The need for standard definitions and clarification of functional assessment methodology has been well documented (Granger, 1997; Joe, 1984; Miller, Tansy, & Hughes, 1998).

Currently functional assessments are used in psychology, rehabilitation and education (Cohen, Farkas, & Cohen, 1999; Dial, 1986; Foster-Johnson & Dunlap, 1993; Koyanagi & Goldman, 1991; Mansfield, 1997; National Association of State Directors of Special Education, 1998; Olsson, 1994; Payne, 1994; Reisberg, 1988; Rush, 1999; and Wright, 1999); however, there is little information concerning functional assessment in professional counseling literature.

Pennsylvania Act 136, the Social Workers, Marriage and Family Therapists and Professional Counselors Act of 1998 Section 3 states: "The practice of counseling includes: the evaluation and assessment of normal and abnormal mental, emotional, social, educational, vocational, family and behavioral functioning throughout the life span; individual, group, family counseling and psychotherapy; crisis intervention, career counseling and educational and vocational counseling; functional assessment of persons with disabilities; and professional consulting." However, the term "functional assessment" used in Pennsylvania Act 136 has not been specifically defined (Hall, D. W., personal communication, June 10, 1999). The undefined term is also used in the Individuals with Disabilities Education Act (IDEA) of 1997. Lack of clear and consistent definitions in legislation causes confusion among professionals.

Functional assessment is a measurement to describe abilities and limitations that individuals experience when performing the necessary activities of daily living. The term "functional assessment" originated in the field of geriatrics. Lawton (1971) defined functional assessment as "any systematic attempt to measure objectively the level at which a person is functioning in any of a variety of areas" (p.465).

The National Association of State Directors of Special Education (Tilly, Kovaleski, Dunlap, Knoster, Banbara, & Kincaid, 1998) state four common uses of functional assessment. The policy guide outlines the following:

> Functional assessments in education may describe: (1) how well an individual is 'functioning' in an environment or area of performance. Assessments based on this definition help describe student strengths and areas of concern. In the context of IDEA 1997, this type of assessment is focused on determining an individual's 'functional needs'. It answers the question "What does an individual need in order to function in their school program?":...(2) Functional assessment in education may describe the status of some intact characteristic of the individual. This type of

> assessment serves a descriptive or diagnostic purpose (it helps describe problems and classify them)....(3) Functional assessment in education may describe the relationship between a skill or performance problem and variables that contribute to its occurrence. This type of assessment both helps describe a problem and helps explain why it is occurring.... (4) Functional assessments in education may describe the function or purpose that is served by an individual's behavior. This description is directly compatible with definition (3), as it both describes the problem and helps understand why it is occurring. Understanding the function that an impeding behavior serves for the student assists directly in designing educational programs with a high likelihood of success. (pp. 19-20).

Cohen, Farkas, & Cohen (1999) specified that functional assessment is different from traditional diagnosis in that skills are evaluated rather than pathological symptoms or personality. Functional assessment evaluates consumers' spontaneous use, prompted use, and performance of critical skills in relation to their needed use in a particular environment (p. 1). It should be noted, though that behavioral assessment was defined by Jones (1977) as: "assessment done by researchers, clinicians, and other practitioners whose goal is to measure aspects of people's overt, publicly observable behavior, rather than covert, private events or constructs like thoughts, attitudes, or personality attributes (pp. 331-332)".

More specifically, Haynes and O'Brien (1990) presented a definition of functional analysis as "the identification of important, controllable, causal functional relationships applicable to a specified set of target behaviors for an individual client" (p. 654). They, also, report inconsistencies in the use of the term "functional analysis" in the behavior therapy literature.

Legislation

Commonwealth of Pennsylvania law now requires licensed professional counselors to perform functional assessments of individuals with disabilities, and the United States law mandates the institutional acceptance of differences with equal opportunities for all citizens. In 1975, Public Law 94-142, the Education of All Handicapped Children Act provided that all students receive a free and appropriate education within the least restrictive environment. Reauthorization of P.L. 94-142 occurred in 1990 and resulted in a name change to Individuals with Disabilities Education Act (IDEA). The act was again reauthorized as P.L. 105-17 in 1997 (Federal Resource Center for Special Education, 1999). Major tenets of IDEA include: a free and appropriate education for all students; least restrictive environment where students with disabilities receive their education with non disabled peers to the maximum extent appropriate; related services such as transportation and such developmental, corrective and other supportive services as required; nondiscriminatory assessment; and an Individualized Educational Plan. The term "individuals with disabilities" is defined as those who exhibit one of several specific conditions that result in their need for special education and related services to facilitate academic, social, and emotional development. Disability categories recognized by the Individuals with Disabilities Education Act (IDEA, 1997), the federal mandate to provide appropriate educational programs for individuals with disabilities, include: specific learning disabilities, speech or language impairments, mental retardation, emotional disturbance, multiple disabilities, auditory impairments, orthopedic impairments, other health impairments, visual impairments, autism, deaf-blindness, traumatic brain injury (TBI).

The Americans with Disabilities Act of 1990 (ADA), P.L. 101-336, defines a disability as, "A physical or mental impairment that substantially limits one or more of the major life activities, a record of such an impairment, or being regarded as having such a condition." The act provides "clear, strong, consistent, enforceable standards addressing

discrimination against individuals with disabilities" (Kinder, 1999). Major life activities encompass seeing, hearing, speaking, walking, breathing, performing manual tasks, learning, caring for oneself, and working (National Institute on Disability and Rehabilitation Research, 1992; Streett & Smith, 1996). Major life activities also encompass sexuality and play.

The Rehabilitation Act Amendments, Section 504, (1973) protect individuals with a disability and define a disability as, "A physical or mental impairment that substantially limits one or more of the major life activities, a record of such an impairment, or being regarded as having such a condition."

Purpose of the Study

The purpose of this study was to:

1. Report the current working definition of the term functional assessment of persons with disabilities for counselors in training and professional counselors in Pennsylvania.

2. Identify the tools and/or procedures currently utilized to measure functional assessment of persons with disabilities among counselors in Pennsylvania.

Research Questions

The following research questions are posed:

1. What is the current working definition of functional assessment inthe field of counseling in use in the Commonwealth of Pennsylvania?
2. What measures of functional assessment are in use among counselors in the Commonwealth of Pennsylvania?

Method

Participants

A survey was conducted over a 15-week period from April 6 to July 27, 2000, by use of a single stage sampling design. Within this 15-week period, a pilot study with doctoral-seeking cohort members of Duquesne University Executive Counselor Education and Supervision (ExCES) Program and a survey of Pennsylvania Counseling Association (PCA) members were conducted. A quantitative study of ability to define and use functional assessments of individuals with disabilities was conducted from information self-reported on the survey. The survey population consisted of 916 current and former members of the Pennsylvania Counseling Association (i. e., 634 current paid members for the 1999-2000 fiscal year, 159 members in arrears whose dues expired July 1999 and 123 members in arrears whose dues expired July 1998, but whose names remained included on the PCA's mailing list).

Procedure

Dillman's (2000) Tailored Design Method was utilized in order to obtain voluntary participation in the survey and a high response rate. Participants were assured of confidential treatment of their responses. The questionnaire was mailed to participants and self-administered. Four contacts were made by First Class Mail with a fifth and final contact by Priority Mail. The first contact was a personalized prenotice letter sent to 916 respondents a few days prior to the questionnaire. The second contact was a six-page questionnaire mailed to 916 respondents on May 1, 2000. Included with the survey was a personalized, detailed cover letter that contained real names on the inside address and was individually signed in contrasting blue ink. Token incentives of a ball point pen and

a preaddressed, stamped return envelope were included in the mailout . The third contact, a postcard "thank you and reminder" was mailed one week after the questionnaire to all participants.

Non-respondents (N=411) received the fourth contact, a personalized, follow-up letter and replacement questionnaire mailed twenty-three days after the original mailing. The follow-up letter contained real names on the inside address and was individually signed in contrasting blue ink. A preaddressed, stamped return envelope was included in the mailout with the questionnaire and follow-up letter, but a pen was not included. Four weeks after the fourth mailing, the remaining non-respondents (N=270) were sent the fifth and final contact which consisted of a letter of request, a replacement questionnaire, and a preaddressed, stamped return envelope sent by priority mail

After 15 weeks, when responses stopped coming in, the completed sample (all returned, completed questionnaires) of 586 participants or about 64% of the population comprised the data set for statistical analysis.

Survey Instrument

The survey instrument used in the study was the investigator's self-designed questionnaire (Appendix A) containing 21 items. Two open-ended questions pertained to functional assessments and examined (a) the definition of functional assessment and (b) the types of procedures, techniques, and instruments used to assess the function of clients in the counseling profession . One open-ended question pertained to assessments in general and asked participants to: "list the procedures, techniques and/or instruments you use to assess clients." Two opened questions asked all participants to "(a) list the certifications you hold; and (b) list the licenses you hold". Two questions were based on a

five-point scale (one or more times a day, one to four times per week, 2-3 times per month, once a month, and less than once a month) and asked, "On average how often do you assess the function of individuals with disabilities?" and "On average how often do you assess clients?" Five questions required dichotomous answers, "yes or no". Other closed-ended questions asked for information such as access to information about functional assessment, access to Pennsylvania Act 136, the Social Workers, Marriage and Family Therapists and Professional Counselors Act of 1998, type of membership in PCA, educational level, current full and/or part-time employment, number of years in counseling practice, gender, and age range.

Data Analysis

To establish a training sample and to relate a global sense of the functional assessment domain to the raters, a table was compiled that listed the definitions of functional assessment provided by the pilot study (n=7) and the early returns of the PCA Survey (n=3). These ten definitions were (a) grouped by content identification of key words and (b) coded by the researcher in collaboration with a professor who had research interest in multimodal functional behavioral assessment. Coding of definitions was based upon the following:

- Code 1 was based upon observations and diagnosis. These definitions answered the question, "What?" based upon Lawton's (1971) definition of functional assessment as "a systematic attempt to measure objectively the level at which a person is functioning in any of a variety of areas". Subcategories included (a) cognitive, (b) social/interpersonal, (c) emotional, (d) activities of daily living, (e) academic, (f) vocational, (g) leisure, (i) progress and change, and (j) ambiguous.

- Code 2 was based upon background and issues and answered the question, "Why?" based upon Haynes and O'Brien's (1990) definition of functional analysis as "identification of important, controllable, causal functional relationships applicable to a specified set of target behaviors for an individual client". Subcategories included (a) cognitive, (b) social/interpersonal, (c) emotional, (d) behavioral, (e) academic, (f) physical, and (g) ambiguous.
- Code 3 was test instrument focused or based upon normative measures. Instruments and measures in this category could be classified as (a) cognitive, (b) social, (c) emotional, (d) academic, (e) vocational, (f) physical, and (g) ambiguous.
- Code 4 was based on statements about the formative assessment of counseling and the importance of client feedback.
- Code 9 was established for definitions that were uninterpretable.

Two raters then independently coded a sample of ten definitions chosen from the PCA survey responses. Coded forms were compared and discrepancies were identified and resolved. Five more definitions (every fifth one listed) were chosen from the PCA survey responses and independently coded. The raters reached consensus on these five definitions and then worked independently to code definitions (n=167) provided by PCA participants.

Results

Concerning the term "functional assessment", definitions (N-167) were listed and coded; however, the majority of participants reported that they did not use functional assessments in their counseling practice (Lane, 2000). Twenty-nine and one-half percent

(29.5%; n = 173) of the participants answered "yes"; seventy and one-half percent (70.5%; n = 413) answered "no" to the question, "Do you use functional assessments in your counseling practice?" Approximately thirty-nine percent (38.9%; n = 228) of the participants were National Certified Counselors (NCC). Table 1 indicates that a significant relationship was found between the use of functional assessment and counselors who did not have the National Certified Counselor credential.

Table 1

Chi-square Analysis on a Cross-tabulation of 2 Variables: Use of Functional Assessment by National Certified Counselor

		Use of FA		
NCC		Yes	No	Total
Yes	Count	78	150	228
No	Count	95	263	358
Total	Count	173	413	586
	% of Total	29.5%	70.5%	100.0%

Note. NCC = National Certified Counselor.

Chi-square = 3.943, df = 1, $p \leq 0.05$, $\varphi = .082$.

Global Categories

Table 2 shows the coding of definitions at the global level. Half of the definitions, (n=83; 49.7%) were given a single Code 1 based upon observations and diagnosis. They answered the question, "What?" based upon Lawton's (1971) definition of functional assessment as "a systematic attempt to measure objectively the level at which a person is functioning in any of a variety of areas". Thirteen (7.8%) definitions were given a single

Code 2 based upon background and issues and that answered the question, "Why?" based upon Haynes and O'Brien's (1990) definition of functional analysis as "identification of important, controllable, causal functional relationships applicable to a specified set of target behaviors for an individual client". Twenty-two (13.2%) definitions were given Code 3 because they were test instrument focused or based upon normative measures. Other definitions were based upon formative assessment and combinations of observations, diagnosis, normative measures, and/or formative assessment with client input.

Table 2

Global Categories of Functional Assessment Definitions

Code	Frequency	Description
1 What	(n=83; 49.7%)	Example 1: An evaluation of multiple domains (cognitive, language, motor, social/emotional and self-help) across settings. Example 2: A description of a client's use of skills and abilities in domains such as daily living, social and marital (relationship) interactions and discovering leisure time activities, vocational activities, and decision making.
2 Why	(n=13; 7.8%)	Example 1: Identifying areas of problem behavior and dysfunctional responses to one's environment. Example 2: An assessment of antecedents, behaviors and consequences done by the whole team (parents,

		teachers, counselors, specialists) that is used to develop a working behavioral support plan within the I.E.P.—also uses global general hypothesis as to determine the function of the behavior and its consequences.
3 Instrument	(n=22; 13.2%)	Example 1: A standardized means of observing, collecting data, and recording information to gain comprehensive view of a given area of functioning in a client. Example 2: A paper and pencil assessment tool to determine a person's functioning in one of a number of areas (i.e., D/A, depression, etc.
4 Formative	(n=1; 0.6%)	Example: A 360° evaluation from peers, subordinates, and supervisory personnel. Also request client input into my practice of counseling (i.e., likes or dislikes)
1 & 2 What & Why	(n=13; 7.8%)	Example 1: Evaluation of a client's cognitive and physical functioning to the extent that it impacts on the client psychologically and has contributed to the problems which led to seeking counseling; also the extent to which that functioning may influence the course and outcome. Example 2: Tool to determine how an individual is

		managing different domains in their life both past and present.
1 & 3 What & Instrument	(n=21; 12.6%)	Example 1: A psychometric procedure using tests and impressionistic means to isolate dimensions of ability and personality to gain insight into clients' complex systems of needs, concepts, and perceptual attitudes. Example 2: Functional assessment evaluates an individual psychological functioning and well being in a given area based on a particular normative sample. The assessment takes into consideration an individual's unique qualities, skills, abilities, persona, lifestyle and method of being in the world.
1 & 4 What & Formative	(n=2; 1.2%)	Example: Assessments that identify characteristics, pathologies, style or abilities, skills (self reporting and observational) 360° feedback assessments.
2 & 3 Why & Instrument	(n=2; 1.2%)	Example: ASAM criteria for chemical dependency, MMPI to determine profile (i.e., personality disorders/depression).
1, 2, & 3 What, Why & Instrument	(n=6; 3.5%)	Example: The use of standardized paper and pencil tools to assess where a client is at in regard to functioning on a daily basis, depression, chemical use, anxiety, academic achievement, etc.

9 Uninterpretable	(n=4; 2.4%)	Uninterpretable
	N=167; 100%	Total

Sub-categories

Sub-categories identified within the 167 definitions totaled 299. Table 3 shows that most of the definitions (41.9%; n=70) were sub-categorized as ambiguous. Other sub-categories of importance were: emotional (25.1%; n=42), cognitive (21%; n=35), social (20.4%; n=34), physical (18%; n=30), activities of daily living (16.8%; n=28), and academic (14.4%; n=24).

Table 3

Summary of Sub-categories for Functional Assessment Definition

Sub-category	Frequency	Percent
Ambiguous	70	41.9
Emotional	42	25.1
Cognitive	35	21.0
Social	34	20.4
Physical	30	18.0
Activities of Daily Living	28	16.8
Academic	24	14.4
Vocational	21	12.6
Progress and change	9	5.4
Instrument Identified/Unclear	4	2.4
Leisure	2	1.2

Instruments, Procedures and Techniques Used for Functional Assessment

Functional assessment procedures, techniques and/or instruments (N=238) were identified in the survey (Appendix B). While not central to the findings of the study, the preliminary classification of functional assessment instruments and procedures contributes heuristic value to understanding results. Future study will be necessary to develop a more valid categorization system. Table 4 provides preliminary classification of 238 functional assessment procedures, techniques and/or instruments.

Table 4

Preliminary Classification of Functional Assessment Instruments/Procedures

Classification	Frequency	Percent
Cognitive	32	14
Social/Interpersonal	10	4
Emotional	22	9
Activities of Daily Living/Behavior	23	10
Academic	17	7
Vocational	10	4
Physical	33	14
Other	91	38
Total	238	100

Discussion

There is an obvious need for regulatory boards to establish guidelines and maintain minimal standards for counseling practice, course work, and supervision and for

educators to train students. The inclusion and acceptance of persons with disabilities into all aspects of American society has increased the obligation of professional counselors to perform valid functional assessments of their clients.

Reliability

Interrater reliability was determined on two levels (a) the agreement of global categories (Codes 1, 2, 3, 4, and 9) and (b) on the specific characteristics of each category (A, B, C, D, E, F, G, H, I, J, K). The kappa coefficient was chosen to measure interrater agreement. Values of kappa greater than 0.75 indicate excellent agreement beyond chance, values between 0.40 to 0.75 indicate fair to good agreement (SPSS, 1998). Excellent agreement among raters was obtained at the global level. Rater agreement was triangulated by two independent raters and the investigator. At the global level, the value of kappa for the independent raters, Rater 1 and Rater 2, was .78 (t = 17.67, p = .000). The value of kappa for Rater 1 and Rater 3 was .91 (t = 20.57, p = .000). The value of kappa for Rater 2 and Rater 3 was .81 (t = 18.63, p = .000).

At the subcategory level, individual kappa coefficients were determined on independent rater's (Raters 1 and 2) decisions for each grouping. The value of kappa for the definition subcategories of Code 1, What, was .84 (t=15.27, = .000); subcategories of Code 2, Why, was .31 (t=1.60, p .= .110). Kappa values could not be determined for other subcategories.

Validity

Internal validity may be limited to convergence of terminology, definitions, and instruments used in the fields of counseling, psychology, and education. An audit may be conducted by another researcher to provide validation of the key decisions made during

the research process. External validity may be limited to interpretation of the terminology, definitions, and instruments by the raters.

Implications for Practice

This study implies that professional counselors need to develop the knowledge and skill to perform functional assessments of persons with disabilities. All counselors need to be cognizant of the types of disabilities inherent or acquired by clients. Not only should counselors develop awareness of disabilities in clients, they should perform valid functional assessments to accurately diagnose their clients, prescribe appropriate services and appropriate environmental modifications, and make appropriate referrals when necessary.

This study also implies that there is a critical need for continued education of counselors at all levels of involvement (i.e., private practice, schools, community agencies, colleges and universities, and professional counseling organizations) throughout the nation. This education should emphasize the recognition of diversity, its importance in society, and legislation mandating rights of persons with disabilities. There is also a serious call for systems change to include persons with disabilities into the field of counseling.

The use of functional assessments is noticeably absent from counseling practice in the Commonwealth of Pennsylvania. Further, National Certified Counselors (NCCs) in the Commonwealth of Pennsylvania do not use functional assessments. The statistical significance that has been shown to exist in the relationship between National Certified Counselors in Pennsylvania and their lack of use of functional assessments needs to be further explored. It may be that participants in this study simply lacked the exposure to

information, professional experience, or personal interaction with persons who have disabilities. It also may be that the lack of the functional assessment concept is developmental in the field of counseling, or it may be a lack of motivation on the part of counselors and counselor educators. More research and exploration is needed to understand and define the terms and processes of functional assessment, functional analysis, functional behavioral assessment, and behavioral assessment that are currently used interchangeably.

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Appendix A

Functional Assessment Survey

Counselor Questionnaire
2000

Directions: Complete the following questions according to the individual directions stated. Mark your answer in the box ☒ with a blue or black pen.

START HERE:

1. **Do you use functional assessments in your counseling practice?** (MARK ☒ ONE BOX.)

   ❑ Yes → SKIP to 3
   ❑ No ↓

   2. (If No) List the procedures, techniques and/or instruments you use to assess clients. (Use the back of this form if additional space is required.)

   _____
   _____
   _____
   _____

   ↓ (Skip to Question 6)

3. **(If Yes) Define the term "functional assessment" as you use it in your counseling practice.**

   _____
   _____
   _____

Functional Assessment Survey Page 2

4. **List the procedures, techniques and/or instruments you use to conduct functional assessments.** (Use the back of this form if additional space is required.)

_____

_____

_____

_____

5. **On average how often do you assess the function of individuals with disabilities?** (MARK ☒ ONE BOX.)

- ❑ One or more times a day
- ❑ One to four times per week
- ❑ 2-3 times per month
- ❑ Once a month
- ❑ Less than once a month

6. **On average how often do you assess clients?** (MARK ☒ ONE BOX.)

- ❑ One or more times a day
- ❑ One to four times per week
- ❑ 2-3 times per month
- ❑ Once a month
- ❑ Less than once a month

7. **Do you plan to apply to become a Licensed Professional Counselor in the Commonwealth of Pennsylvania?** (MARK ☒ ONE BOX.)

- ❑ Yes
- ❑ No

Functional Assessment Survey Page 3

8. Do you know the requirements to become a Licensed Professional Counselor in the Commonwealth of Pennsylvania? (MARK ☒ ONE BOX.)

- ❑ Yes
- ❑ No

9. Have you read Pennsylvania Act 136, the Social Workers, Marriage and Family Therapists and Professional Counselors Act of 1998? (MARK ☒ ONE BOX.)

- ❑ Yes
- ❑ No

10. Where would you look for a copy of Pennsylvania Act 136? (MARK ☒ ONE BOX.)

- ❑ **Internet**
- ❑ **Harrisburg**
- ❑ **Local Legislator**
- ❑ **A Counselor Education Program**
- ❑ **Pennsylvania Alliance of Counseling Professionals (PACP)**
- ❑ **Pennsylvania Counseling Association (PCA)**

11. Would you like to know more about functional assessment? (MARK ☒ ONE BOX.)

- ❑ Yes
- ❑ No

Functional Assessment Survey Page 4

12. How would you prefer to access information about functional assessment? (MARK ☒ ONE BOX.)

- ❑ Internet
- ❑ Library
- ❑ Conference Workshop
- ❑ Special Training
- ❑ Course Taught at a University or College
- ❑ Other _____

13. **What type of membership with the Pennsylvania Counseling Association do you possess?** (MARK ☒ ONE BOX.)

- ❑ Professional
- ❑ Associate
- ❑ Student
- ❑ Emeritus
- ❑ Honorary
- ❑ None (Former member whose dues have expired)

14. **What is your highest earned degree?** (MARK ☒ ONE BOX.)

- ❑ Doctorate
- ❑ Masters
- ❑ Bachelors
- ❑ Associate
- ❑ High School Diploma
- ❑ Other _____

15. **List the certifications you hold.**
(Use the back of this form if additional space is required.)

_____

Functional Assessment Survey Page 5

16. **List the professional licenses you currently hold.**
(Use the back of this form if additional space is required.)
Profession _____ Type _____ State
Date of Licensure _____

17. **Which <u>one</u> of the following best describes your current <u>full time</u> employment?** (MARK ☒ ONE BOX.)

- ❑ Community agency
- ❑ School
- ❑ Private Practice
- ❑ College or University Counseling Center
- ❑ College or University Professor
- ❑ Somewhere else (Please specify) _____
- ❑ Not employed full time

18. **Which <u>one</u> of the following best describes your current <u>part time</u> employment?** (MARK ☒ ONE BOX.)

- ❑ Community agency
- ❑ School
- ❑ Private Practice
- ❑ College or University Counseling Center
- ❑ College or University Professor
- ❑ Somewhere else (Please specify) _____
- ❑ Not employed part time

19. **How many years have you worked as a counselor?**
(MARK ☒ ONE BOX.)

- ❑ In training
- ❑ Less than 1
- ❑ 1-10
- ❑ 11-20
- ❑ 21+

Functional Assessment Survey	Page 6

20. **What is your gender?** (MARK ☒ ONE BOX.)

- ❑ Male
- ❑ Female

21. **What is your age range?** (MARK ☒ ONE BOX.)

- ❑ 20-30
- ❑ 31-40
- ❑ 41-50
- ❑ 51-60
- ❑ 61+

Thank you for taking the time to complete this questionnaire. Your assistance in providing this information is very much appreciated. If there is anything else you would like to tell me about this survey, please do so in the space provided below.

Please return your completed questionnaire in the envelope provided to:

Mildred D. Lane, M.S.Ed., NCC
Duquesne University
School of Education
Department of Counseling, Psychology and Special Education
Pittsburgh, PA 15282

Appendix B

Preliminary List of

Functional Assessments Identified in the PCA Survey

A. Cognitive

1. Adult Basic Learning Exam (ABLE)
2. Beck Cognitive Theory Program
3. BETA Nonverbal Intellectual Ability (Ages 16-89)
4. Blessed Dementia Scale
5. Brief Cognitive Rating Scale
6. Brief Psychiatric Rating Scale
7. Child Dissociative Checklist (CDC)
8. Clock Test (Cognitive Impairment)
9. Cognition Assessment
10. Columbia Impairment Scale
11. Columbia Mental Maturity Scale
12. Concentration Assessment
13. Dementia
14. Draw a Clock
15. Folstein Mini Mental Status Exam
16. Galveston Orientation and Amensia Test (GOAT)
17. Gifted Assessment
18. House Tree Person (HTP)
19. Intelligence Tests
20. Kaufman Brief Intelligence Test (K-BIT)
21. Memory
22. Mental Status Exam
23. Mini Mental Status Exam
24. Problem Solving
25. Psychiatric Intakes/Evaluations
26. Raven Progressive Matrices
27. Slosson Full Range Intelligence Test
28. Stanford Binet Intelligence Test
29. Test of Memory
30. Wechsler Adult Intelligence Scale-Revised (WAIS-R)
31. Wechsler Intelligence Scale for Children (WISC III R)
32. Wechsler Subtests of Information

B. Social/Interpersonal

1. BASIS 32 Environmental Attitudes
2. Family Environment Assessment
3. Global Assessment of Relational Functioning (GARF)
4. Marriage
5. Multnoma Community Ability Scqale
   (Targets severely mentally ill community mental health)
6. Parent Skills Inventory
7. "Scale" Assessments with Families
8. Social Behavior Tests
9. Social History/Judgment
10. Vineland Social Maturity Scale

C. Emotional

1. Anger Inventory
2. Anxiety Sensitivity Index (ASI)
3. Anxiety Status Inventory (ASI)
4. Beck Anxiety Inventory (BAI)
5. Beck Depression Inventory (BDI)
6. Beck Hopelessness Scale (BHI)
7. Burns Depression Checklist
8. Child Depression Inventory (CDI)
9. Depression
10. Depression Inventory
11. Diagnostic and Statistical Manual, IV (DSM IV)
12. Dysfunctional Attitude Scale (DAS)
13. Emotional Tests
14. Geriatric Depression Scale
15. Global Assessment of Functioning (GAF)
16. Hamilton Depression Inventory
17. IPAT Anxiety Scale
18. IPAT Depression Scale
19. Kiersey Bates Temperament Sorter
20. Reynolds Adult Depression Scale (RADS)
21. Schedule for Affective Disorder and Schizophrenia (SADS)
22. Taylor-Johnson Temperament Analysis (TJTA)

D. Activities of Daily Living/Behavior

1. ABCs of Behavior (antecedents, behavior, consequence)
2. Attention Assessment
3. Barthel Index
4. Behavior Assessment Scale
5. Behavior Assessment System for Children (BASC)
6. Behavior Evaluation Scale-2 (BES)
7. Behavior Symptom Inventory (BSI)
8. Behavioral Checklist/Questionnaire
9. Behavioral Expectations Scale (BES)
10. Child and Adolescent Functional Assessment Scale (CAFAS)

11. Child Behavior Checklist (CBC, CBCL)
12. Connors Checklist of Behaviors
13. Daily Activities Questionnaire
14. Daily Assessment of Functioning (DAF)
15. Daily Living
16. Defensive Functioning Scale
17. Devereaux Behavior Rating Scales
18. Initial Line of Inquiry
19. Oppositional Defiant Disorder Screen (ODD)
20. Pennsylvania Functional Behavioral Assessment Form
21. Pittsburgh School District Functional Assessment Form
22. Unmet Needs Chart (A behavior assessment tool)
23. Vineland Adaptive Behavior Scale

E. Academic

1. Academic Interests
2. Achievement Tests
3. Educational History
4. General Equivalency Diploma
5. Instructional Support Team Observation (IST)
6. Kaufman (K-TEA) Achievement
7. Language Assessment
8. Picture Exchange Communication System (PECS)
9. Reading Comprehension
10. School Records/Reports
11. Standardized Testing
12. Stanford Achievement Test
13. Test of Adult Basic Education (TABE)
14. Wide Range Achievement Test (WRAT)
15. Williams Reading Test for Grades 4-9 (WMS)
16. Woodcock Johnson Achievement Test
17. Woodcock Reading Mastery Test Revised

F. Vocational

1. Aptitude Assessments
2. Career Assessment
3. Discover (Computer Guidance System)
4. Interest Assessments
5. Occupational Therapy and Physical Therapy (OTPT)
6. Self Directed Search (SDS)
7. Strong-Campbell Interest Inventory
8. Vocational Career Assessment Inventory
9. Vocational Preference Inventory – John Holland
10. Work History

G. Leisure (None)

H. Physical

1. Abnormal Involuntary Movement Scale (AIMS)
2. Addiction Severity Index (ASI)
3. Adolescent American Society of Addiction Medicine Inventory (ASAM)
4. Adolescent Symptom Inventory (ASI)
5. Alcohol and Drugs
6. American Society of Addiction Medicine Inventory (ASAM)
7. Appearance Schemas Inventory (ASI)
8. Attention Deficit Disorder (ADD) Screens
9. Bender Gestalt
10. Bentur Visual Motor Retention
11. Biopsychosocial Interview
12. Blushing Propensity Scale (BPI)
13. Body Esteem Scale (BES)
14. CAGE Questionnaire
15. Developmental Test of Visual Motor Integration
16. Driving Under the Influence (DUI)
17. Drug and Alcohol Screening (D&A)
18. Eating Attitudes Test (EAT 26
19. Eating Disorder Assessment
20. Evaluative Summary (with ASAM categories)
21. Eye-Hand Coordination
22. HIV Biopsychosocial Inventory
23. Lemprolide Acetate
24. McGill Pain Questionnaire
25. Medical History/Questionnaire
26. Michigan Alcoholism Screening Test (MAST)
27. Pain Patient Profile (P 3)
28. Physical Self Maintenance Scale
29. Repetitive Psychometric Measures: Speed of Closure (SC 190)
30. SF 36 Health Survey
31. Sickness Impact Profile (SIP)
32. Substance Abuse Subtle Screening Inventory (SASSI)
33. Visual Motor

J. Other

1. ACT ASSET Program, Social Assets Inventory
2. Adaptive Style Inventory (AS)
3. Adolescent Problem Severity Index (APSI)
4. Auditory Perception
5. Basic Symptom Inventory (BSI)
6. Bem Sex Role Inventory
7. Blessed IMCT
8. Bulit-R (The)
9. California Psychological Inventory (CPI)
10. Client History
11. Compass Form Developed by Integra
12. Computer Adaptive Placement Assessment & Support System (COMPASS)
13. Comprehensive Infosystems.www.Authoring.html (CIWA-R)

14. Coopersmith
15. DVSA
16. Environmental Description Checklists
17. Exploration of Wants and Needs
18. Face Valid Surveys
19. Functional Activities Questions
20. Functional Clinical Evaluation
21. Genogram
22. Gesell Developmental Schedules
23. GLIS
24. Goodman Screening Test for Obsessive Compulsive Disorder
25. Gordon Diagnostic System (GDS)
26. Health Questionnaire
27. Intake provided by site
28. Interview with clients, parents, teachers, other school personnel
29. Interagency Meetings
30. Inventory for Client and Agency Planning (ICAP)
31. Inventory of Concerns (50+ Category Listing)
32. ISS to assess SA severity
33. JOCI
34. Lawton's IADC Scale
35. Lemproli
36. Life History
37. LOCI Experienced Control Scale
38. Luria Nebraski
39. MCMF
40. MAGS Comprehensive Gambling
41. Massachusetts General Trichotillamania Scale (TTM)
42. Minnesota Multiphasic Personality Inventory (MMPI)
43. Neuropsychological
44. NDS
45. OAST
46. Observations (teacher, parent, counselor)
47. Orientation Assessment
48. Orientation Questionnaire-Symptom Assessment-45 (OQ-45)
49. Penile Plethysomography
50. Pennsylvania Clients' Placement Criteria (PCPC)
51. Pennsylvania Referral Intervention Manual (PRIM)
52. Personality Assessment Inventory
53. Piers-Harris Children's Self Concept Scale
54. Polygraph
55. Post Traumatic Stress Disorder Questionnaire (Adolescent and Child)
56. Preschool and Child Functional Assessment Scale
57. Prior Treatment Evaluations
58. Projective
59. Psychiatric Intakes/Evaluations
60. Psychiatric Rehabilitation Tool developed by Delaware County
61. Psychological Adjustment
62. Psychosocial Assessment Tool/History Questionnaire
63. Risk Ratings
64. Rorschach

65. SCL-90°
66. Self Rating Forms
67. Sentence Completion Form (SCF)
68. Significant Units of Stress Scale
69. Sixteen Personality Factor Questionnaire (16PF)
70. Skill Scan Card Sort
71. Social Security Disability Inventory
72. SOFAS
73. SOGS Comprehensive Gambling Tool
74. STAXI
75. Stonybrook
76. Strengths Assessment
77. Stress Assessment
78. Structured Interview – 7 Factor
79. Suicide Probability Scale (SPS)
80. Suicide Risk Factor Inventory
81. Teacher Multicultural Attitude Survey (TMAS)
82. Team Discussions
83. Test of Variables of Attention (TOVA)
84. Trail Making Test (TMT)
85. Thematic Apperception Test (TAT)
86. Thinking-Feeling Activity (TFA)
87. Treatment Plan Review
88. Wrights
89. Yale Brown Obsessive Compulsive Scale (YBOCS)
90. Zung Self Rating Scale for People with a Mental Handicap
91. 360° Evaluation